

COMPREHENSIVE DRUG COURT IMPLEMENTATION BUDGET MODIFICATION REQUEST

County: _____ Grant Award # _____

Grantee: _____
(County Agency identified as Grantee on the Notice of Grant Award)

Address: _____

City/Zip: _____

Phone: _____ Email Address: _____

Project Budget Period: December 29, 2004 through December 28, 2005

Dependency Drug Court Budget

	A	B	C	D
BUDGET LINE ITEMS	Proposed Treatment Related Costs	Proposed Court Related Costs (Must be less than 15% of total allocation)		Total
				Col A + B = D
Personnel	\$ -	\$ -		\$ -
Fringe Benefits	\$ -	\$ -		\$ -
Travel	\$ -	\$ -		\$ -
Training	\$ -	\$ -		\$ -
Supplies	\$ -	\$ -		\$ -
Contractual Services	\$ -	\$ -		\$ -
Indirect Costs	\$ -	\$ -		\$ -
TOTAL	\$ -	\$ -		\$ -

I hereby certify that all costs are consistent with the grant award.

X _____ Date: ____/____/____

Alcohol and Drug Program Administrator
(Please use blue ink for original signature)

Please print name of Administrator

Department of Alcohol and Drug Programs Office of Drug Court Programs Use Only

I hereby certify that the required reports for the above billing period have been received. The fiscal data contained in this invoice has been recorded and submitted to ADP's Accounting.

_____ Date: ____/____/____

Comprehensive Drug Court Implementation Project Coordinator
(Please use blue ink for original signature)